

BID # _____
RID # _____

APPLICANT QUESTIONNAIRE - New On-premises Banquet Facility Permit

(Authorized by MCL 436.1522)

INSTRUCTIONS: To apply for a new On-premises Banquet Facility Permit complete and return this questionnaire with a \$70 inspection fee to the address printed above.

Name of Licensee(s) (Individual, partnership, corporation, limited liability company)

Current Business Address (Street, City, Township, County, Zip Code)

Type of License and Number: _____

Total Gross Receipts of Business: _____
Year Amount Year Amount

Total Gross Receipts of Food and
Non-alcoholic Beverages: _____
Year Amount Year Amount

* Please be advised the statute prescribes that you must demonstrate that at least 50% of the gross receipts of your current business is from the sale of food and non-alcoholic beverages prepared for consumption on the premises.

Proposed Address of Banquet Facility (Street, City, Township, County, Zip Code)

Do you or Will you have control of this facility? YES NO

Property document & diagram attached? YES NO WILL BE AVAILABLE

*Please be advised that you must provide a diagram and documentation that demonstrates a preexisting ownership or lease interest in the banquet facility prior to issuance of the permit.

Permits Requested for Banquet Facility: ___Dance ___Entertainment ___Outdoor Service ___Sunday Sales
___Topless Activity ___Direct Connection ___Food ___Golf ___Miscellaneous _____

List types of scheduled events and functions that will be held at this facility:

List the hours of operation at this facility: _____

*Please be advised that a banquet facility shall not have regular meal service and shall not be generally open to the public.

Print name of contact person Title

Mailing address if different from above Telephone Number

Signature Date